

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on
05/24/2010 and conducted by Evaluator Dina Alviso

PUBLIC**COMPLAINT CONTROL NUMBER: 21-SC-20100524110041**

FACILITY NAME: EMERITUS AT VILLA DEL REY
ADMINISTRATOR: MONTELLANO, ANTHONY
ADDRESS: 3255 VILLA LANE
CITY: NAPA
CAPACITY: 108

STATE:
CENSUS: 60
UNANNOUNCED

FACILITY NUMBER: 286800493
FACILITY TYPE: 740
TELEPHONE: (707) 252-3333
ZIP CODE: 94558
DATE: 08/10/2010
TIME VISIT BEGAN: 09:30 AM
TIME COMPLETED: 12:40 PM

MET WITH: Tony Montellano

ALLEGATION(S):

- 1 Level of Care
- 2 Facility retained a resident that was beyond the facility's acceptance and retention limitations.
- 3
- 4
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst, Dina Alviso, conducted a complaint investigation visit and met with Tony
- 2 Montellano, Administrator. LPA reviewed files. LPA interviewed facility staff. Resident #1 had a diagnosis of
- 3 eating disorder, bi-polar, depression, suicidal ideation as episodic per file review. Facility's care plan for the
- 4 resident did not address how resident's needs would be met. Administrator told the LPA that in January 2010,
- 5 the resident had a noticed weight loss and per LPA's file review there was a note dated 1/6/10 identifying a
- 6 bulimia event by the resident. There was no reassessment or updated care plan of how resident's needs
- 7 would be met after the noticed weight loss or the documented bulimic event. Resident #1 had a history of
- 8 noncompliance with taking medication and a history of attempted suicide by drug overdose. In March 2010,
- 9 resident committed suicide by prescription medication overdose. After review and observations by the LPA the
- 10 above allegation is SUBSTANTIATED. As per CCR, Title 22, Division 6, Chapter 8, the following deficiencies
- 11 were cited:
- 12
- 13 Appeal Rights were given to the Administrator.

Substantiated**Estimated Days of Completion:**

SUPERVISOR'S NAME: Betsy Rutana

TELEPHONE: (707) 588-5026

LICENSING EVALUATOR NAME: Dina Alviso

TELEPHONE: (707) 588-5086

LICENSING EVALUATOR SIGNATURE:

DATE: 08/10/2010

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2010

This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: EMERITUS AT VILLA DEL REY
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 286800493
VISIT DATE: 08/10/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/11/2010 Section Cited 87455 (c) A, B	1 Acceptance and Retention Limitations 2 Resident accepted with identified eating disorder, 3 bi-polar, depression, suicidal ideation as episodic; 4 behaviors not in facility plan of operation, resident 5 requiring another level of care. 6 7 8 9 10 11 12 13 14	1 In service training with all staff to review 2 acceptance and retention limitations for facility's 3 licensed level of care; in service training to also 4 include facility's responsibility in accepting and 5 retaining residents whose 6 7 8 needs can be met by facility's program of services. 9 POC due by 8/11/10 and copies of proof of training 10 to the Licensing Office by due date. Training to 11 include topic, trainer, attendees, date and time 12 spent. 13 14
Type A 08/11/2010 Section Cited 87464 (a)	1 Basic Services 2 Facility failed to properly facilitate and do the 3 appropriate follow-up for residents depression and 4 eating disorder. 5 6 7 8 9 10 11 12 13 14	1 identified services must be provided for all persons 2 accepted into care per- admission agreement, 3 physician's orders and resident appraisals. 4 Licensee to hold training in reviewing with all staff 5 facility responsibility in providing basic services to 6 all residents accepted into care ensuring that 7 facility is meeting 8 all the needs of the resident. POC due 9 by 8/11/10 and submit copies of training to the 10 Licensing Office. Training to include topic, trainer, 11 attendees, date and time spent. 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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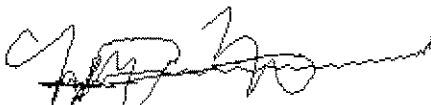
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/11/2010 Section Cited 87464(f)(4)	1 Basic Services 2 Facility failed to properly identify changes in 3 resident i.e., loss of weight, eating alone in room; 4 progress note indicating bulimia event; note on 5 resident's door posted 3/25/10. 6 7 8 9 10 11 12 13 14	1 Licensee to hold in service training with all staff to 2 review facility's basic services for all residents 3 including observing changes in a resident revealing 4 unmet needs or changes observed in residents 5 condition requiring documenting the changes and 6 notifying Physician and responsible party's 7 ensuring 8 that resident's needs are met. POC due by 8/11/10 9 and submit copies of training to the Licensing 10 Office. Training to include topic, trainer, attendees, 11 date and time spent. 12 13 14
Type A 08/11/2010 Section Cited 87405(d)	1 Administrator- Qualifications and Duties 2 Administrator failed to provide appropriate care and 3 supervision to the resident and to address and 4 meet the needs of the resident on an ongoing basis 5 as changes were observed. Resident had a history 6 of attempted suicide by prescription drug overdose; 7 Administrator failed 8 to make residents medication inaccessible to the 9 resident. Resident committed suicide by 10 prescription overdose on March 26,10. It has been 11 determined that the administrator is not giving 12 adequate attention to the duties required of an 13 administrator as evidenced by the deficiencies 14 cited in this report.	1 Licensee to ensure that facility's administrator's 2 knowledge and abilities required by Title 22 are 3 continually demonstrated by the proper running of 4 the facility. Licensee to submit a plan to CCL by 5 the POC due date of 8/11/10 outlining the plan for 6 correcting these written deficiencies and 7 8 ensuring compliance with Title 22 regulations in the 9 future. 10 11 12 13 14

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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/25/2010 Section Cited 87457 (c)	1 Pre-Admission Appraisal-General 2 Pre-admission appraisal is incomplete and failed to 3 address how needs would be met. 4 5 6 7 8 9 10 11 12 13 14	1 Licensee to ensure that all preadmission appraisals 2 are filled out completely and that residents needs 3 are identified and addressed in a care plan and can 4 be met by the facility. Hold an in service training 5 with all staff to review preadmission appraisal 6 procedures including 7 8 9 addressing any needs of the resident identified by 10 providing a care plan that meets those needs. POC 11 due by 8/25/10 and submit copies of training to the 12 Licensing Office. Training to include topic, trainer, 13 attendees, date and time spent. 14
Type B 08/25/2010 Section Cited 87211(a)(1)	1 Reporting Requirements 2 Incident report of resident on 3/26/2010 was 3 incomplete; facility failed to identify the type of 4 incident as a Suicide Attempt by resident or to 5 include the information of the note found posted to 6 resident's door 3/25/10 stating to not enter or 7 disturb; the note was still posted to the 8 residents door on 3/26/10 at 8:45am when resident 9 was found unresponsive. 911 personnel declared 10 the resident dead; 911 notified local Police and 11 Napa Coroner Investigator of the residents death. 12 13 14	1 Licensee to ensure that all incident reports are 2 filled out completely and with all required correct 3 information. Submit a corrected copy of the 4 incident report dated 3/26/10 on resident #1; the 5 incident report is to include the actual type of 6 incident and the information of the note found on 7 the resident's door. 8 9 Submit a copy of revised/corrected report by POC 10 due date of 8/25/10. 11 12 13 14

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